## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Memorial Hospital Jasper**

City: Jasper County: Dobois Year: 2004

Provider Type: General Acute Hospital

	I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	16	857	3,299	\$2,964	
ICU Neonatal	0	0	0	\$0	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	59	3,032	10,621	\$2,096	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	12	1,036	2,599	\$2,850	
Pediatric	6	307	673	\$1,908	

Psychiatric	9	348	3,040	\$6,336
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	102	5,580	20,232	NA
Normal Newborn	12	829	1,983	\$906

II. Outpatient Visits				
Circulatory System	11,195	Digestive System	3,609	
Endocrine System	12,170	Injuries and Poison	9,303	
Mental Disorder	1,282	Musculoskeletal	7,790	
Neoplasms	4,303	Nervous	3,619	
Respiratory	5,003	Urinary	7,880	
Other/Unknown	27,031	Total Visits	93,185	
Number of Visits to Emerg	21,945			
Percent of Emergency Department Visits of Total Visits			23.5%	

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
N - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

<u>Health Care Regulatory Services</u>

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